



**HAWAII STATE ETHICS COMMISSION
DISCLOSURE OF FINANCIAL INTERESTS (FORM D-201)**

HAWAII STATE ETHICS COMMISSION 1001 Bishop Street, Pacific Tower Suite 970 P.O. Box 616 Honolulu, Hawaii 96809 Telephone: 587-0460 Fax: 587-0470 email: ethics@hawaiiethics.org		<div style="text-align: right;">Rev. 12/01</div> For Office Use Only DATE REC'D: 04/01/2003 FILE NO.: 03-D-11382 DLNR	
IMPORTANT: Please read instructions carefully before filling out this form.			
FULL NAME (Last, First, Middle) Orlando Raymond Davidson		SPOUSE'S FULL NAME (Last, First, Middle) Dana Hinze Davidson	
DEPENDENT CHILDREN'S FULL NAMES (Last, First, Middle) Daniel Neill Davidson			
RESIDENCE ADDRESS [REDACTED]			
MAILING ADDRESS [REDACTED]			
BUSINESS TELEPHONE 587-0402		STATE DEPARTMENT/DIVISION OR BOARD/COMMISSION Department of Land and Natural Resources	
RESIDENCE TELEPHONE [REDACTED]		STATE POSITION HELD First Deputy to the Chairperson	
		TERM OF OFFICE: Begin: 03/17/03 End: 12/31/06	

FOR EACH ITEM, EXCEPT ITEM 9, DISCLOSE INTERESTS OF FILER, SPOUSE, AND DEPENDENT CHILDREN.
USE THE ABBREVIATIONS: "F" for filer, "SP" for spouse, "DC" for dependent children, and "JT" for joint interests of the spouse and filer.

ITEM 1: INCOME FOR SERVICES RENDERED FOR PRECEDING CALENDAR YEAR

List the source (the term "source" also includes any state or other government agencies) and amount of all income of \$1,000 or more received during the preceding calendar year, for services rendered, and the nature of the services rendered.

F,SP,DC,JT	NAME AND ADDRESS OF SOURCE OF INCOME	AMOUNT	SERVICES RENDERED
F	Land Use Research Foundation of Hawaii 700 Bishop Street, #1928 Honolulu, Hawaii 96813	F	Executive Director
SP	University of Hawaii at Manoa College of Tropical Agriculture and Human Resources Miller Hall Honolulu, Hawaii 96822	E	Professor
SP	Kapiolani Medical Center for Women & Children 55 Merchant Street, 25 th Floor Honolulu, Hawaii 96813	B	Consultant
SP	Iolani School Kamoku Street Honolulu, Hawaii 96826	B	Consultant

☐ Check here if entry is None

☒ Check here if additional sheets are attached.

ITEM 2: OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List the amount and identity of every ownership or beneficial interest held during the disclosure period in any business incorporated, regulated, or licensed to carry on business in the State if the interest has a value of \$5,000 or more or is equal to 10% or more of the ownership of the business.

F,SP, DC,JT	BUSINESS NAME AND ADDRESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE OR NO. OF SHARES
SP	Dana H. Davidson 109 Makaweli Street Honolulu, Hawaii 96825	Educational Consultant	Sole proprietor	C
<input type="checkbox"/> Check here if entry is None <input type="checkbox"/> Check here if additional sheets are attached.				

ITEM 3: TRANSFER OF OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List any ownership or beneficial interests in businesses transferred during the disclosure period and the date of transfer.

F,SP, DC,JT	OWNERSHIP OR BENEFICIAL INTEREST TRANSFERRED DURING THIS DISCLOSURE PERIOD	DATE OF TRANSFER
<input checked="" type="checkbox"/> Check here if entry is None <input type="checkbox"/> Check here if additional sheets are attached.		

ITEM 4: CREDITORS

List the name and address of each creditor to whom the value of \$3,000 or more was owed during the disclosure period and the original amount and amount outstanding (excluding debts arising out of retail transactions or the purchase of consumer goods).

F,SP, DC,JT	NAME OF CREDITOR AND ADDRESS	ORIGINAL AMOUNT OWED	AMOUNT OUTSTANDING
JT	Bank of Hawaii, Mortgage Loan Servicing P.O. Box 3650 Honolulu, Hawaii 95811-3650	G	H
JT	Bank of Hawaii, Home Equity Line P.O. Box 2715 Honolulu, Hawaii 96803	D	F
F	Sallie Mae Servicing Corporation P.O. Box 7200 Wilkes-Barre, PA 18773-7200	E	A
DC	Sallie Mae Servicing Corporation P.O. Box 7200 Wilkes-Barre, PA 18773-7200	D	D
<input type="checkbox"/> Check here if entry is None <input type="checkbox"/> Check here if additional sheets are attached.			

ITEM 5: OFFICERSHIPS, DIRECTORSHIPS, TRUSTEESHIPS

List every officership, directorship, trusteeship, or other fiduciary relationship held during the disclosure period in any business or organization, the term of office, and the annual compensation.

F,SP,DC,JT	NAME AND ADDRESS OF BUSINESS	TITLE HELD	TERM OF OFFICE	ANNUAL COMPENSATION
F	Aloha Chapter Lambda Alpha International c/o Helber, Hastert & Fee Planners 733 Bishop Street, Suite 2590 Honolulu, Hawaii 96813	President Past President	2001 - 2002 2003	None
F	Hawaii Community Reinvestment Corporation 1001 Bishop Street, Suite 2395 Honolulu, Hawaii 96813	Director	1995 - present	None
SP	PATCH-People Attentive to Children 2828 Paa Street, Suite 3160 Honolulu, Hawaii 96819	Director	1994 - 2002	None

☐ Check here if entry is None

☐ Check here if additional sheets are attached.

ITEM 6: INTERESTS IN REAL PROPERTY HELD IN THE STATE

List interests in real property in the State, held during the disclosure period, if the interest has a value of \$10,000 or more.

F,SP,DC,JT	STREET ADDRESS	TAX MAP KEY NUMBER	VALUE
JT	109 Makaweli Street Honolulu, Hawaii 96825	3-9-025-078-0000	I

☐ Check here if entry is None

☐ Check here if additional sheets are attached.

ITEM 7: INTERESTS IN REAL PROPERTY ACQUIRED

List interests in real property in the State, acquired during the disclosure period, if the interest has a value of \$10,000 or more.

F,SP,DC,JT	TAX MAP KEY NUMBER & STREET ADDRESS	AMOUNT & NATURE OF CONSIDERATION PAID	NAME OF PERSON RECEIVING THE CONSIDERATION

☒ Check here if entry is None

☐ Check here if additional sheets are attached.

ITEM 8: INTERESTS IN REAL PROPERTY TRANSFERRED

List interests in real property in the State, transferred during the disclosure period, if the interest has a value of \$10,000 or more.

F,SP,DC,JT	TAX MAP KEY NUMBER & STREET ADDRESS	AMOUNT & NATURE OF CONSIDERATION RECEIVED	NAME OF PERSON FURNISHING THE CONSIDERATION

☒ Check here if entry is None

☐ Check here if additional sheets are attached.

ITEM 9: CLIENTS PERSONALLY REPRESENTED BEFORE STATE AGENCIES

List the names of clients personally represented by you before state agencies, except in ministerial matters, for a fee or compensation during the disclosure period, excluding clients represented before courts.

NAME OF CLIENT	NAME OF STATE AGENCY
Land Use Research Foundation of Hawaii 700 Bishop Street, Suite 1928 Honolulu, Hawaii 96813	State Legislature Department of Health Board of Land and Natural Resources Land Use Commission

RECEIVED
03 APR -1 AM 10:00
STATE OF HAWAII
STATE ETHICS COMMISSION

☐ Check here if entry is None

☐ Check here if additional sheets are attached.

ITEM 10: CREDITOR INTERESTS IN INSOLVENT BUSINESSES

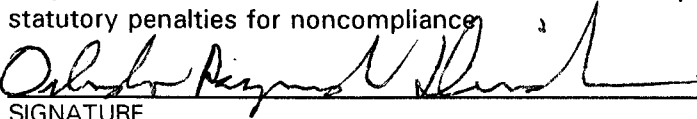
List the amount and identity of every creditor interest in insolvent businesses, held during the disclosure period, if the interest has a value of \$5,000 or more.

F,SP,DC,JT	NAME AND ADDRESS OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE

☒ Check here if entry is None

☐ Check here if additional sheets are attached.

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement to the best of my knowledge and belief. If I have a spouse and/or dependent children, I also hereby certify that I have included their interests on this form to the best of my knowledge and belief. I understand that it is a violation of State law, chapter 84, HRS, if information is not disclosed as required by chapter 84, HRS. I further understand that there are statutory penalties for noncompliance.



SIGNATURE

March 27, 2003

DATE